PATENT APPLICATION FEE DETERMINATION RECORD Effective December 8, 2004									Application or Docket Number				
									10	576908			
CLAIMS AS FILED - PART I SMALL E								SMALL ENT	iTY	ITY OTHER THAN			N
			(Column	1)	(	(Column 2)		TYPE		OR	SMALL ENTITY		
U.S. NATIONAL STAGE FEES								RATE	FEE		RATE	F	EE
BASIC FEE			SMALL ENT.	SMALL ENT. = \$ 150		SE ENT. = \$ 300		BASIC FEE		OR	BASIC FEE	30	D
EXAMINATION FEE			(4) = \$50/	Satisfies PCT Article 33(1)- (4) = \$50 / \$ 100		her situations = 100 / \$ 200		EXAM. FEE			EXAM. FEE	aî	20
SEARCH FEE			U.S. is ISA = \$50 / \$100 ALL other countries = \$200 / \$400		ALL O	ALL other situations = \$ 250 / \$ 500		SEARCH FEE			SEARCH FEE	ξc	
FEE FOR EXTRA SPEC. PGS.			minus 100 =			/ 50 =		X \$ 125 =			X \$ 250 =		·
тот	AL CHARGEAB	BLE CLAIMS	20 mine	us 20 =	*			X \$ 25 =		OR	X \$ 50 =		
INDE	EPENDENT CLA	AIMS		inus 3 =	*			X \$ 100 =		OR	X \$ 200 =		
MUL	TIPLE DEPEN	DENT CLAIM PRE	ESENT					+ \$ 180 =		OR	+ \$ 360 =		
* If	the difference	in column 1 is I	less than zero,	, enter "(	0" in co	lumn 2	i .	TOTAL		OR	TOTAL	匸	<u> </u>
CLAIMS AS AMENDED - PART II OTHER TH													
	`	(Column 1)	AMENDED.		. I II ımn 2)	(Column 3)		SMALL ENTITY		OR	OTHER SMALL E		
πA	4/21/06	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	TIO	DDI- DNAL
AMENDMENT A	Total	* 20	Minus	** 2		=		X \$ 25 =		OR	X \$ 50 =	<del>  _</del>	
MEN	Independent	. ,	Minus	<del></del>	3	=		X \$ 100 =	-	OR	X \$ 200 =	-	
٨	FIRST PRES	SENTATION OF M	IULTIPLE DEPE	NDENT	CLAIM			+ \$ 180 =		OR	+ \$ 360 =	<del>                                     </del>	
							1 1	TOTAL ADDIT.		OR	TOTAL ADDIT.	-	
								FFF , ■		ı	FFF .		
<b>—</b>		(Column 1)	T		mn 2) HEST	(Column 3)	. ,	<del>,</del>		. ,	,	<del></del>	
NT B		REMAINING AFTER AMENDMENT		NUM PREVIO	IBER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	TIO	ODI- ONAL EE
AMENDMENT B	Total	*	Minus -	**		=	1	X \$ 25 =		OR	X \$ 50 =		
AME	Independent	*	Minus	***		=		X \$ 100 =		OR	X \$ 200 =		
	FIRST PRES	ENTATION OF M	IULTIPLE DEPE	NDENT	CLAIM			+ \$ 180 =		OR	+ \$ 360 =		
							-	TOTAL ADDIT.		OR	TOTAL ADDIT.		
							•	rrr ·		ı	<i>FFF</i> <b>•</b>	L	
		umn 1 is less than the umber Previously Pai											
***	If the "Highest Nu	umber Previously Pai mber Previously Paid	id For' IN THIS SPA	PACE is les	ss than '3'	', enter "3".	J in th	e appropriate box	c in column 1.				